## Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV` 08/01/2012)

Calendar Year:	2012					20.1122		KEV 00/01/2012
Entity Name:	Snohomish Cou	nty PHD #1 d/b/a	a Valley General Hos					
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	of W-2 and/or 1099 l (ii) Bonus & Incentive Compensation	MISC Compensation  (iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
<sup>1</sup> LaPlante, Lisa			108,725			5,971	12,687	127,383
<sup>2</sup> Liepman, Michael	X		133,744			7,302	6,912	147,958
<sup>3</sup> Norton, Lisa			128,848			8,339	7,956	145,143
<sup>4</sup> Pedersen, Craig			114,967			14,000	18,994	147,961
<sup>5</sup> Reams, Collette			104,434			5,752	12,802	122,988
6 Fraser, Michael	X (Interim)				142,867			142,867
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <a href="http://www.irs.gov/pub/irs-pdf/i990sj.pdf">http://www.irs.gov/pub/irs-pdf/i990sj.pdf</a>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814 Fax: (360) 753-4135 email: hos@doh.wa.gov